FY17 Retiree Health Insurance Premiums											1							
July 1, 2016 to June 30, 2017																		i e
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		Total Prem.	20+ yrs	19 yrs	18 yrs	17 yrs	16 yrs.	15 yrs	14 yrs	13 yrs	12 yrs	11 yrs	10 yrs	9 yrs	8 yrs	7 yrs	6 yrs	5 yrs
Carrier	Level of Coverage	100%	33.30%	37%	42%	46%	50%	55%	59%	63%	67%	71%	75%	78%	81%	84%	87%	90%
CareFirst BlueChoice Advantage	Individual	\$802.86	\$267.59	\$297.06	\$337.20	\$369.32	\$401.43	\$441.57	\$473.69	\$505.80	\$537.92	\$570.03	\$602.15	\$626.23	\$650.32	\$674.40	\$698.49	\$722.57
w/Rx and CF Vision	Retiree + Child	\$1,394.86	\$464.91	\$516.10	\$585.84		\$697.43	\$767.17	\$822.97	\$878.76	\$934.56	\$990.35	\$1,046.15	\$1,087.99	\$1,129.84		\$1,213.53	\$1,255.37
	Retiree + Spouse	\$1,670.70	\$556.84	\$618.16	\$701.69		\$835.35	\$918.89	\$985.71	\$1,052.54	\$1,119.37	\$1,186.20	\$1,253.03	\$1,303.15	\$1,353.27	\$1,403.39	\$1,453.51	\$1,503.63
	Family	\$1,964.01	\$654.60	\$726.68	\$824.88	\$903.44	\$982.01	\$1,080.21	\$1,158.77	\$1,237.33	\$1,315.89	\$1,394.45	\$1,473.01	\$1,531.93	\$1,590.85	\$1,649.77	\$1,708.69	\$1,767.6°
CareFirst Standard Over 65 w/Rx and CF Vision	Individual	\$681.65	\$227.19	\$252.21	\$286.20	\$313.56	\$340.83	\$374.91	\$402.17	\$429.44	\$456.71	\$483.97	\$511.24	\$531.69	\$552.14	\$572.59	\$593.04	\$613.49
Caref list ctandard over 65 w/tx and 61 vision	individual	φοσ1.00	Ψ227.13	Ψ202.21	Ψ200.23	ψ010.00	ψ0-10.00	ψ07 4.01	ψ402.17	Ψ423.44	φ400.71	φ400.01	ψ011.2-4	φοσ1.00	ψ002.14	ψ012.00	φ030.04	ψ010.43
CareFirst BlueChoice HMO Open Access	Individual	\$532.01	\$177.32	\$196.84	\$223.44	\$244.72	\$266.01	\$292.61	\$313.89	\$335.17	\$356.45	\$377.73	\$399.01	\$414.97	\$430.93	\$446.89	\$462.85	\$478.81
w/RX and CF Vision	Retiree + Child	\$1.010.82	\$336.91	\$374.00	\$424.54	\$464.98	\$505.41	\$555.95	\$596.38	\$636.82	\$677.25	\$717.68	\$758.12	\$788.44	\$818.76	\$849.09	\$879.41	\$909.74
	Retiree + Spouse	\$1,223.63	\$407.84	\$452.74	\$513.92	\$562.87	\$611.82	\$673.00	\$721.94	\$770.89	\$819.83	\$868.78	\$917.72	\$954.43	\$991.14	\$1,027.85	\$1,064.56	\$1,101.27
	Family	\$1,568.73	\$522.86	\$580.43	\$658.87	\$721.62	\$784.37	\$862.80	\$925.55	\$988.30	\$1,051.05	\$1,113.80	\$1,176.55	\$1,223.61	\$1,270.67	\$1,317.73	\$1,364.80	\$1,411.86
CareFirst BlueChoice HMO Open Access	Individual	\$540.06	\$180.00	\$199.82	\$226.83	\$248.43	\$270.03	\$297.03	\$318.64	\$340.24	\$361.84	\$383.44	\$405.05	\$421.25	\$437.45	\$453.65	\$469.85	\$486.05
w/RX - Over 65 and CF Vision																		
CareFirst PPO Dental	Individual	\$39.95	\$13.32	\$14.78	\$16.78		\$19.98	\$21.97	\$23.57	\$25.17	\$26.77	\$28.36	\$29.96	\$31.16	\$32.36	\$33.56	\$34.76	\$35.96
	Retiree + Child	\$61.01	\$20.33	\$22.57	\$25.62	\$28.06	\$30.51	\$33.56	\$36.00	\$38.44	\$40.88	\$43.32	\$45.76	\$47.59	\$49.42	\$51.25	\$53.08	\$54.91
	Retiree + Spouse	\$91.65	\$30.55	\$33.91	\$38.49	\$42.16	\$45.83	\$50.41	\$54.07	\$57.74	\$61.41	\$65.07	\$68.74	\$71.49	\$74.24	\$76.99	\$79.74	\$82.49
	Family	\$119.87	\$39.95	\$44.35	\$50.35	\$55.14	\$59.94	\$65.93	\$70.72	\$75.52	\$80.31	\$85.11	\$89.90	\$93.50	\$97.09	\$100.69	\$104.29	\$107.88
0 5 1000 0 110 05	1 2 1 1	000.00	010.71	01115	040.00	047.50	010.10	004.00	000.50	004.00	005.04	007.44	000.07	000.00	000.07	000.44	000.00	00444
CareFirst PPO Dental - Over 65	Individual	\$38.23	\$12.74	\$14.15	\$16.06	\$17.59	\$19.12	\$21.03	\$22.56	\$24.08	\$25.61	\$27.14	\$28.67	\$29.82	\$30.97	\$32.11	\$33.26	\$34.41
Delta Dental	Individual	\$35.23	\$11.74	\$13.04	\$14.80	\$16.21	\$17.62	\$19.38	\$20.79	\$22,19	\$23.60	\$25.01	\$26.42	\$27.48	\$28.54	\$29.59	\$30.65	\$31.71
	Retiree + Child	\$55.97	\$18.65	\$20.71	\$23.51	\$25.75	\$27.99	\$30.78	\$33.02	\$35.26	\$37.50	\$39.74	\$41.98	\$43.66	\$45.34	\$47.01	\$48.69	\$50.37
	Retiree + Spouse	\$83.07	\$27.69	\$30.74	\$34.89	\$38.21	\$41.54	\$45.69	\$49.01	\$52.33	\$55.66	\$58.98	\$62.30	\$64.79	\$67.29	\$69.78	\$72.27	\$74.76
	Family	\$107.90	\$35.96	\$39.92	\$45.32	\$49.63	\$53.95	\$59.35	\$63.66	\$67.98	\$72.29	\$76.61	\$80.93	\$84.16	\$87.40	\$90.64	\$93.87	\$97.11
	i diriiiy	\$107.00	ψου.σσ	\$50.0 <u>2</u>	ψ 10.0 <u>L</u>	<b>\$10.00</b>	φοσ.σσ	φου.σο	<b>\$60.00</b>	\$07.00	ψ1 Z.Z.C	ψ1 0.0 T	<b>\$00.00</b>	<b>\$01.10</b>	фотто	<b>\$00.01</b>	<b>\$50.01</b>	ΨΟΤΙΙΙ
Delta Dental - Over 65	Individual	\$33.71	\$11.24	\$12.47	\$14.16	\$15.51	\$16.86	\$18.54	\$19.89	\$21.24	\$22.59	\$23.93	\$25.28	\$26.29	\$27.31	\$28.32	\$29.33	\$30.34
CF Select Vision																		
(only applicable to those grandfathered retirees	Individual	\$3.51	\$1.17	\$1.30	\$1.47	\$1.61	\$1.76	\$1.93	\$2.07	\$2.21	\$2.35	\$2.49	\$2.63	\$2.74	\$2.84	\$2.95	\$3.05	\$3.16
with ONLY Dental)	Retiree + Child	\$6.67	\$2.22	\$2.47	\$2.80	\$3.07	\$3.34	\$3.67	\$3.94	\$4.20	\$4.47	\$4.74	\$5.00	\$5.20	\$5.40	\$5.60	\$5.80	\$6.00
	Retiree + Spouse	\$8.07	\$2.69	\$2.99	\$3.39	\$3.71	\$4.04	\$4.44	\$4.76	\$5.08	\$5.41	\$5.73	\$6.05	\$6.29	\$6.54	\$6.78	\$7.02	\$7.26
	Family	\$10.52	\$3.51	\$3.89	\$4.42	\$4.84	\$5.26	\$5.79	\$6.21	\$6.63	\$7.05	\$7.47	\$7.89	\$8.21	\$8.52	\$8.84	\$9.15	\$9.47